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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/085,313 05/27/1998 PAT 6,102,886 which is a CON of 08/667,452 06/21/1996 PAT 5,848,986
 which is a CON of 08/420,304 04/11/1995 PAT 5,531,677
 which is a CON of 08/109,190 08/19/1993 PAT 5,409,453
 which is a CIP of 07/929,638 08/12/1992 ABN
 which is a CIP of 08/012,370 02/02/1993 PAT 5,370,675
 which is a CIP of 08/062,364 05/13/1993 PAT 5,435,805
 which is a CIP of 08/061,647 05/13/1993 PAT 5,421,819
 which is a CIP of 08/061,072 05/14/1993 PAT 5,385,544
 which is a CIP of 07/945,666 09/16/1992 ABN

10/31/06

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/24/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>10/31/02</i>	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged Examiner's Signature <i>Carole K</i> Initials <i>kp</i>				

ADDRESS

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TITLE

TREATMENT DEVICE WITH GUIDABLE NEEDLE

FILING FEE RECEIVED 545	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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